

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 11 / 02 / 2016		
Mailing Address P.O. Box 25093			Amount <table border="1" style="width:100%">1859182.25</table>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE1		
Purpose of Expenditure TV/Media Placement		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 10 / 31 / 2016		
Name of Federal Candidate Feingold, Russell, Dana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">2247575.60</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 11 / 02 / 2016		
Mailing Address P.O. Box 25093			Amount <table border="1" style="width:100%">141741.79</table>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE2		
Purpose of Expenditure Radio Placement		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> 11 / 01 / 2016		
Name of Federal Candidate Feingold, Russell, Dana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">2247575.60</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="width:100%">2000924.04</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1" style="width:100%"> </table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="width:100%"> </table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

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 11 / 03 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1850 M Street NW Suite 235			Amount <b>15806.56</b>		
City Washington	State DC	Zip Code 20036	Transaction ID : SE3		
Purpose of Expenditure TV/Media Production / Radio Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>		
Name of Federal Candidate Feingold, Russell, Dana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		<b>2247575.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Targeted Victory</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address 1033 North Fairfax St Suite 400			Amount <b>230845.00</b>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE4		
Purpose of Expenditure Online Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2016</b>		
Name of Federal Candidate Feingold, Russell, Dana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI		
Calendar Year-To-Date Per Election for Office Sought		<b>2247575.60</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>246651.56</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2247575.60</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 03 / 2016**